Save the Children

Wawa Sana:
Mobilizing Communities and Health Services for Community-Based IMCI: Testing Innovative Approaches for Rural Bolivia

Bolivia CS-16
Third Annual Report

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Acronyms and Terms

APROSAR	Association of Rural Health Promoters (*Asociación de Promotores de Salud del Area Rural*)
ARI	Acute Respiratory Infection
BCC	Behavior Change Communication
CAI	Committee for Analysis of Information or TAI
CB-HIS	Community-Based Health Information System
CB-IMCI	Community-Based Integrated Management of Childhood Illnesses
CDD	Control of Diarrheal Disease
CHPS	Community-Based Health Planning and Services Program
CORE	Child Survival Collaborative and Resource Group
CS	Child Survival
CSH	Child Survival and Health
CSTS	Child Survival Technical Support Project, Macro International
DD	Diarrheal Diseases
DILOS	Municipal Health Authorities
DIP	Detailed Implementation Plan
DPT3	Diptheria-Pertussis-Tetanus Vaccine, 3rd dose
H/PD	Hearth Model of Positive Deviance
IMCI	Integrated Management of Childhood Illness
ISA	Institucional Strengthening Assessment
LOP	Life of Project
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MTE	Mid Term Evaluation
NGO	Non-Governmental Organization
ORS	Oral Rehydration Solution
PCM	Pneumonia Case Management
PD	Positive Deviance
PDQ	Partner Defined Quality
PVO	USAID Registered, Private Voluntary Organization
RHD	Rural Health District
SBS	Previous Basic Health Care Package which provided financial assistance-subsequently replaced by SUMI
SECI	Integrated Community Epidemiology Surveillance System (*Sistéma Epidemiológico Comunitario Integral*)
SEDES	Ministry of Health departmental level in Oruro
SC/B	Save the Children in Bolivia
SC	Save the Children Federation, Inc./United States
SUMI	New Financial assistance basic care package providing free coverage in Bolivia
USAID	United States Agency for International Development
Wawa Sana	"Healthy Child." *Sana* is Spanish for "healthy." Wawa is Aymara and Quechua for "child."

A. CS-16 Accomplishments by Result and Objective

Result	Objective	On Track?	Comments
Improved **capacity of APROSAR & 3 RHDs** to support community activities & implement innovative culturally acceptable CS approaches.	3 RHDs incorporate SECI data, discussion, & plans into district info. analysis (CAI) meetings	Yes	SECI data is community based surveillance data, which is different from service production data. The latter is required by the MoH to report in the national health information system. As long as surveillance data are not required as part of the national system, motivation to incorporate them will be sporadic. SC requires greater advocacy efforts to reach this goal.
	60% of Promoters and Auxiliaries demonstrate good skills in co-facilitating SECI meetings	Yes, partially	Both targets might be constrained by instability of staff (high levels of rotation) and promoters (ca. 40% attrition rate over lifetime of the project, ca. 15 % this year).
	60% of permanent MOH staff demonstrate good skills in co-facilitating IMCI training	Yes	
APROSAR's capacity to support community activities & implement innovative culturally acceptable CS approaches improved.	All APROSAR trainers demonstrate competency in CB-IMCI, SECI, & H/PD training of Promoters	Yes	
	80% of Promoters have adequate supply of ORS	No	Supply of ORS has been further constrained by a change of health financing model (SUMI), in which further confusion about who assumes ORS costs has made the supply less available in rural areas.
Communities' capacities in the 3 RHDs to identify & effectively address priority health needs of children under 5 improved.	75% of SECI communities have action plans with service providers to address CS needs	Yes	100 % of SECI communities have had action plans, though not all of them are written.

Result	Objective	On Track?	Comments
	75% of communities with action plans have implemented the plan	Yes	All communities have had at least one action plan implemented during the year. About 70% of these plans are related to a training or information session with MoH health staff. 20% are related to communal action, mainly building some very simple facility for receiving MoH staff visits for growth monitoring and consultation in the village. 10% are related to advocacy activities for leveraging funds for their village.
	40% participants in CS-16-related community meetings are women	Yes	Over time, women's participation in SECI meetings tends to overtake men's participation. Efforts of facilitating staff have to concentrate on ensuring men's participation for decision making, so that women's and children's health issues are not considered "women's business" only.
SC/B capacity demonstrated in CB-IMCI, SECI, & H/PD capacity building of CS-16 partners and advocacy.	100 % of APROSAR and MOH staff in CS-16 have coordinated activities with SC staff in the last 6 months	Yes	
	SC/B advocates for effective implementation of child health at public and NGO levels	Yes	SC is an active partner at the national MoH level, participating in the strategic plan for child health and as national consultant for the new version of IMCI materials.
Increased **use** of key CS services & improved CS **practices** at household level in the 3 RHDs	60% of 12-23 month olds have measles immunization measured by vaccine card	Yes	
	60% coverage of DPT3 or Pentavalent 3 in children 12-23 m measured by vaccine card in all CS-16 municipalities	Yes	
	50% of 12-23 month olds received 1/more Vitamin A capsules in last year as verified by card	Yes	

Result	Objective	On Track?	Comments
	50% of mothers of 6-23 month olds with DD in last 2 weeks report feeding increased fluids during DD.	Yes	These targets will be reached with the help of the recent implementation of a radio campaign for child health, produced by SC
	23% annual increase in total <5 respiratory infection cases treated by CS-16 facilities & Promoters.	Yes	
Increased **availability** of selected CS services in the 3 RHDs.	75% of CS-16 population is within a 1 hour walk of facility or IMCI-trained promoter.	Yes	
	80% of communities with pop. over 80 have CB-IMCI-trained Promoter or MOH facility	Yes	
Improved **quality** of selected CS services in the 3 RHDs.	80% of CS-16 ARI-trained Promoters pass PCM knowledge & skills test.	Yes	
	80% of CS-16 CDD-trained Promoters pass CDD knowledge & skills test.	Yes	

The main accomplishments during the past year include consolidation of a system of follow up of volunteer Promoters and their recognition by the public health services. SC has implemented an ID card for trained Promoters, which is signed on the back by the corresponding Directors of the public health services.

Factors that have contributed to this effort include the national policy on CB-IMCI, which is the official child health strategy in Bolivia with a ministerial resolution (N.626, October 29th 2002) requiring all service providers to implement IMCI with both clinical and community-based components and with age appropriate curricula for neonates as well as post-neonatal children under five.

Another strong accomplishment is the consolidation of the "Wawa Sana team," according to the recommendation of the MTE. This means that CS-16 is not only a project implemented by SC staff, but that all operational planning and evaluation is a joint effort of APROSAR, MoH staff, and SC. This has been achieved through a continuous effort of SC staff, in spite of the high turn-over rate of public employees.

B. Factors which have impeded progress toward achievement of overall goals and objectives and actions being taken by the program to overcome these constraints

Factors that have impeded progress are mainly related to a change in national health policies during this past year, since elections and a new government as of August 2002. Changes have included the national public health service model in two aspects: administration and finance. Changes, although well intended, have caused an enormous spending on reprinting all manuals and forms and training staff in the new terms. In administration, the new model puts greater focus on municipal administration versus former "district" administration of services. This change requires time for learning and implementation of new administrative procedure, which is especially difficult in very small municipalities, due to lack of funds and staff. In finance, the new free basic care package called SUMI, although it gives a broader coverage for child health than the former package called SBS, has essentially lacked clear communication strategies and this has caused further confusion and lack of supplies.

The program has responded to these changes by supporting the MoH on the local level in the implementation of the new policies, co-financing meetings and workshops with municipal authorities, and supporting information campaigns for the public to inform them about the new free care package. However, the specific methodologies that SC is promoting have suffered due to the efforts noted above, with the laudable exception of CB-IMCI, which is part of the national MoH strategy and is being supported by other organizations.

A public policy has contributed to de-motivation of Promoters and the relatively high attrition rate. The "Extensa" program, an out-reach program financed by the World Bank, has implemented a policy of selecting about 5% to 10% of volunteer Promoters for a paid position. In the short run, this has led to frustration among the rest of the Promoters. In the long run, payment of selected Promoters has been unreliable, and those few Promoters selected have also been frustrated in their aspirations, and have consequently left the program. SC has been in dialogue at the policy level with the Directors of the "Extensa" program in order to try to change this policy.

C. Areas of the program where technical assistance is required

SC will receive technical assistance in September to December from a graduate student to conduct a cost analysis of the three innovative CS-16 strategies for child health. Technical assistance for radio communication as part of the BCC strategy has been obtained locally. SC computing staff require training in EPI-Info, which will be provided through a course organized by the CORE Group.

D. Substantial changes from the program description and DIP or Midterm Evaluation that will require a modification to the Cooperative Agreement.

None

E. Activities undertaken to implement each of the MTE recommendations.

Recommendation	Planned Activities	Done?
Document SECI	Produce promotional video	Yes, video clip about SECI is part of the software distributed to other NGO's.
	Design form for data collection on community decisions and their follow up	Yes
	Collect data about community decisions	Yes
	Publish article about community decisions	Yes
Document PD/Hearth	Do anthropometry in 26 communities (13 PD and 13 Control)	Yes
	Do anthropometric data analysis	Yes
	Write report	Yes, but results show no statistically significant difference
Document CB-IMCI	Open a personal file about training and supervisory visits received for each Promoter	Yes
	Summarize Promoter follow up	No. Will be done in the next trimester
Try urban SECI	Organize urban groups for SECI (adolescents, high schools, university students, Parent associations of kindergartens, soldiers, etc.)	Yes
	Train organized urban groups in SECI	Yes
	Implement urban SECI	Yes, partially successful
Develop retention policy for Promoters	Count inventory of active and passive Promoters	Yes
	Contact potential funding sources for income generating projects for Promoters	Yes, but unsuccessful
	Train Promoters in proposal writing	No, no plans in the near future as no funding sources have been found accessible.
	Name one responsible MoH staff per Health Center for Promoter follow up and contact	Yes
	Facilitate and promote follow up visits to Promoters by responsible MoH staff	No, will be done during the next year.
Develop a supply and equipment strategy for Promoters	Hold meetings with MoH Directors	Yes
	Write retention plan for Promoters	No, but continuous effort to include Promoters in municipal budgets.
	Promote the inclusion of Promoter incentives in municipal health budgets	Yes, but money has not been spent yet

	Promote agreements between Promoters and health services for free health care for them and their families	No
	Give stationary (note books, pens) to Promoters as incentives	Yes
	Facilitate donation of ORS and paracetamol to Promoters	No, supply situation difficult at the moment
Train new Promoters	Train new Promoters	Yes
Promote internal promoter organization	Form local organizations of Promoters, facilitate meetings between them	Yes
Strengthen information analysis meetings	Obtain or develop health information analysis methodology (step-by-step instructions)	Yes
	Coordinate with health administration to train local health staff in analysis methodology	Yes
	Train all staff in analysis methodology	No, will be done during next trimester
	Support health staff in developing action plans for innovative strategies	Yes
	Support analysis meetings at municipal and sub-municipal level	Yes
	Monitor analysis meetings	No, will be done once methodology is in place
Modify referral system for sick children	Inter-institutional (MoH, SC, APROSAR) agreement on referral forms	Yes
	Design referral and counter-referral forms	Yes
	Validate and implement forms	Yes
Strengthen relationship with municipal authorities	Present Project to municipal authorities at least annually	Yes
Strengthen institutional capacity of APROSAR	Obtain document of institutional assessment of APROSAR	Yes
	Agree with APROSAR on institutional strengthening	Yes, but not implemented yet
Strengthen institutional capacity of DILOS (Municipal health authorities)	Obtain assessment instrument in Spanish	Yes
	Select appropriate domains of instrument	Yes
	Apply instrument	Yes, in 3 municipalities
	Facilitate or co-finance institutional strengthening workshops, including information and training regarding the new regulations on health administration and finance.	Yes

Strengthen facilitation capacity of health staff	Train staff in facilitation techniques	No, MoH staff has been too busy with change in administration and finance and focus has not been on quality of services
	Train staff in intercultural communication with patients and communities	
	Monitor promoter and community meetings facilitated by health staff	
Develop Monitoring: Promoters	Design formats	Yes
	Train SC and APROSAR staff	Yes
	Implement monitoring instruments	Yes
Develop monitoring plan: Trainers	Design forms	Yes
	Train support staff team	No, will be implemented during next trimester
	Implement monitoring instruments	
Develop monitoring plan: annual quantitative targets	Design forms	Yes
	Train staff	Yes
	Implement	Yes
Develop annual work plan	Agree upon and write annual work plan	Yes
Strengthen Vitamin A supply	Do follow up to logistic and supply system	Yes
Precise nutrition messages with staff	Refresher training	Yes
Precise nutrition messages with communities	Train mothers and other community members	Yes
	Prepare food with “better” or “enhanced” recipes	Yes
Integrate PD/Hearth in municipal kindergartens	Meet with local kindergarten administrators	Yes
	Sign inter-institutional agreements	Yes
	Train kindergarten educators in positive deviant messages and “better” or “enhanced” recipes	Yes
	Train kindergarten educators in IMCI	Yes
Promote stability of trained MoH staff	Sign inter-institutional agreement so that staff cannot be moved	No, infeasible
	Evaluate trained health staff	Yes, partially
Enhance inter-institutional coordination	Contribute to local health planning	Yes
	Present local health plans to municipal governments	Yes
Promote quality improvement in health services	Facilitate planning meetings between health and municipal authorities	No, MoH staff has been too busy with change in administration and finance and focus has not been on quality of services
	Facilitate workshop on quality of care	
	Follow up on quality improvements	

F. Phase-out plan for this program including steps taken and to be taken, targets reached or to be reached, and constraints to date

SC plans to phase out of two of the currently served rural health districts, and hopefully, if funds are raised, to maintain presence in one of the districts. The decision about which district to maintain a presence in will be taken during the next months, but criteria include:

- Population and population growth,
- SC total presence in the area (favoring districts where SC has recently entered with this CS grant vs. districts where SC had previous presence)
- Presence of other NGO's or bilateral aid (favoring districts where fewer organizations are currently present)

The district chosen for maintaining SC's presence will serve as a "living university" for innovative approaches in CS programming, such as

- Community mobilization through community based surveillance systems,
- Promoter-based community case management of common childhood illnesses
- Behavior change activities based on positive deviance inquiries.

In the districts where SC will phase out, SC staff will go through a detailed hand-over with each of the local MoH services:

- Administrative assets (computers, desks) will be handed over to the local municipal health service administration unit (DILOS).
- Promotion tools (SECI flags and dolls, manuals) will be handed over to the local health service staff to be lent to Promoters. Care will be taken to ensure transparency in this handing over, so that Promoters and local authorities, who are more stable in the area than MoH staff, know where the tools are and how to access them.
- IMCI promotion materials (flipchart for home visits) have already been handed over for use by Promoters. Each local MoH service will receive a detailed list of the Promoters in its area who have received training and material.
- Nutrition promotion materials (cooking stoves and pots) have already been handed over to community women's groups.

G. Program management system and factors that have positively or negatively impacted the overall management of the program since inception.

- **Financial management system**

SC's financial management system has undergone profound decentralization, which has required the elaboration of a local (Oruro, CS-16 funds) budget and timeframes. The La Paz office has played a lead role in ensuring administrative support for this change. It has since been noted that SC's Oruro office requires more administrative staff (procurement officer, secretary), positions which will hopefully be filled soon, and will be funded through non-USAID SC matching funds.

- **Human resources**

The SC health team has implemented a new system of individual annual interviews with each staff, in order to give feedback to the management staff on topics such as workload, satisfaction, needs, and complaints. This process has led to higher satisfaction among both operative and management staff.

SC continues to hold monthly staff meetings with management staff, monthly area meetings with involved partners (called "Quality Circles"), and trimesterly monitoring meetings with presentations on indicator progress. Trimesterly meetings are usually followed by some training or updating for health staff.

SC has taken up the recommendation of the MTE to change the function of the former district supervisor Marcelino Brañez, because there was duplicity in this district with the APROSAR staff, which led to conflict and inefficiency. Mr. Brañez has been integrated into the Oruro support team (Coordinator and computer technician) as an M&E responsible. He has satisfactorily been able to adapt to this new position and has expressed far greater job satisfaction since the change. APROSAR has also improved coordination with SC ever since Mr. Brañez left "their" district.

- **Communication system and team development**

Communication in general has been improved by installing telephone contact with the Challapata District SC health promotion office. Unfortunately, this is not the same for the Eucaliptus District, where technical constraints remain. Contact with APROSAR has been smooth through APROSAR's office in Oruro.

- **Local partner relationships (How is the PVO doing as assessed by the local partner?)**

For this question, we interviewed Dr. Herbas (APROSAR) and Dr. Muñoz (SEDES Oruro), who both coincided that SC is seen as a very serious partner for health promotion strategies. They both expressed a suggestion that SC should use more of its national presence to influence policies and strategies at the national level.

- **PVO coordination/collaboration in country**

SC is an active member of the CB-IMCI working group at national level (funded through the CORE group). This group has designed IMCI promotion materials (a calendar promoting healthy child care practices) for families, and has established regional IMCI coordination committees in all but one of Bolivia's departments. SC's National Health Coordinator has played a lead role in the review and editing of the new version of the CB-IMCI training materials for Promoters.

- **If an organizational capacity assessment of any kind has been conducted during the LOP, including a financial or management audit, describe how the PVO program has responded to the findings.**

During the last year, SC in Bolivia has conducted:

- A quality management review,
- A gender equity evaluation, and
- An internal financial audit of SC central office to the Bolivia field office.

Main findings from to the first tool related to problems with human resource management, specifically with a lack of communication, especially with new staff. The individual feedback sessions are part of the response to these findings.

The gender equity evaluation has been conducted through staff interviews, and a written report exits on responses to questions according to gender and field office. In general, institutional strengths included:

- Proportion of staff which uses regular pathways to make suggestions to directors
- Proportion of women staff who find work hours convenient
- Low proportion of staff who feel that there is gender preference in their team

Some weaknesses have been detected in:

- Knowledge of staff regarding institutional policies on gender
- Proportion of staff which makes suggestions to directors
- Proportion of women staff who feel that the work climate is favorable for team work
- Proportion of women staff who feel motivated to give opinions and give suggestions
- Proportion of women staff who feel that directors are receptive to their opinions/suggestions

SC will make an effort within the next year to disseminate the results of this evaluation, and to address some of the problems detected.

No substantial problems were found in the internal audit of SC's internal financial control system in relation to the CS-16 implementation and spending.

SC completed an Institutional Strengths Assessment of its home office backstopping of CSH grants in February and March 2002 with assistance from CSTS using the CSTS ISA methods and tools. Please see the annex attached below for SC's March 2003 post-assessment follow-up report to CSTS. The main development since the submission of the report in March has been SC's recent hiring of a third Child Survival Specialist, Kathryn Bolles, to be based in Westport along with Eric Swedberg and Eric Starbuck.

H. Work plan for the coming year

Trimester	Activity	Expected Product	Persons Responsible
All	Community mobilization in 95 communities with community surveillance activities	95 community action plans, with follow-up of implementation documented	SC staff, MoH staff, Promoters, and local authorities
All	Follow-up of CB-IMCI trained Promoters	200 Promoters with documented follow-up visits	SC staff, MoH staff
All	Facilitate Hearth sessions in selected communities	30 folders of PD inquiry results and Hearth follow-up	SC staff
Oct-Dec 03	Traditional medicine training for Promoters	200 Promoters with knowledge of traditional medicine	Regional and district coordinators
Oct-Dec 03	Refresher training for Promoters in IMCI in/for communities	200 Promoters apply Community IMCI in household visits	SC staff and MoH staff
All	Support DILOS	13 local health directories implemented with manuals and information materials	MoH Directors, Mayors, Regional and district coordinators
		13 physicians trained in health system management	MoH Directors, Mayors, Regional and district coordinators
Oct-Dec 03	Produce and validate radio messages, hire local radio stations	6 messages (each with a short and a long version) on air for at least one month	Regional and district Coordinators
	Train Promoters in basic drug management (paracetamol, ORS, and cotrimoxazole)	200 volunteer Promoters trained	MoH Directors, Regional and district Coordinators, M&E staff
	Select districts for phasing out	2 districts selected	SC Coordinator, Administrator, Health Advisor
	Train MoH staff in information analysis methods	30 nurses trained in analysis methods	Regional and district Coordinators, M&E responsible
	Train SC support staff in supervision of trainers	5 Staff trained in supervision of trainers	Health Advisor and Administrator
	Train MoH staff in Promoter follow up visits	30 nurses trained in follow up visits for Promoters	Regional and district Coordinators

Jan-Mar 04	Monitor MoH staff in information analysis meetings	15 meetings report use or non-use of newly taught methods	M&E staff
	Monitor MoH staff in Promoter follow up visits	Report on follow up activities of nurses, disseminated to MoH Directors	Regional and district Coordinators
	Write phase-out plan, approve with each DILOS, and local health service	Written and approved plans	SC staff, DILOS MoH Directors
Apr-Jun 04	Train MoH staff in facilitation skills	30 nurses trained in facilitation skills	Regional and national Coordinator
	Train MoH staff in intercultural communication and Partnership Defined Quality methods	30 nurses trained in intercultural communication and PDQ	Regional and national Coordinator
	Plan final evaluation, select consultant, design instruments	Final evaluation instruments, methods, and staff instructions	Health Coordinator and Advisor
Jul-Sept 04	Conduct final evaluation	Final evaluation report	Consultant
	Monitor MoH staff in terms of facilitation skills	At least 15 Promoter training sessions facilitated by MoH staff observed and reported	M&E staff
	Handover of materials and assets as planned	Inventory of assets and materials handed over	Local Coordinator

I. Results Highlight

Community Mobilization for Health through a Health Information System
The Experience of Save the Children's CS-16 Project in Bolivia, September 2003

Differences in culture, language, and social status, compounded by geographic isolation, have hindered relationships between health professionals and the indigenous communities of the Bolivian Andes. Limited community use of health services in rural areas have led many health professionals to conclude that *Aymara* and *Quechua* people are uncooperative and disinterested in health initiatives. SC initiated the *"Sistema Epidemiológico Comunitario Interal" (SECI),* a community-based health information system (CB-HIS), in Oruro in 1998. This rural farming and mining region is located three hours from La Paz on the high Andean plains. SECI's aim is to enable indigenous citizens and health providers to assess and improve maternal and child health by planning for health services together using a locally designed CB-HIS. During the community gatherings, local health care providers and community promoters present health data to community members and make community health plans using colorful, easy-to-understand SECI analysis and planning guides. Over time, SC has observed the following changes:

- Families have increased their use of health services.
- Communities have changed their meeting agendas. Health used to be the last topic in their meetings, long after political issues, boundary conflicts with neighboring territories, road maintenance and other community works, and issues related to schools. With the introduction of SECI, health is now discussed first on the agenda.
- Motivated by the discussion of data on their own illnesses and health services utilization, communities have demanded information on health topics. Frequent demands on information have included topics such as appropriate child feeding, care for diarrhea and respiratory illness, as well as antenatal care and management of labor and delivery. Usually, health service providers respond immediately, during the very same meeting.
- Local authorities have convinced families to increase their use of immunization and other health services.
- Local community representatives have been mobilized to demand leveraging of funds from the local governments to address specific health needs.

SECI successes during the past year through the CS-16 project have included the following:

- Several isolated communities have constructed one-room buildings with local materials to receive a monthly visit from the health team. In these monthly visits, doctors and nurses attend to basic curative, as well as preventive and promotive, health needs.
- Nueva Jilavi, a very isolated community with a population traditionally hostile to white people and "their" doctors, has decided to request a physician to do antenatal checks of all pregnant women in the community. Antenatal care coverage increased from 0% to 90% within one month.
- In Quemalla, the community became worried about the numbers of malnourished children. Residents requested a kindergarten with daily breakfast from the local mayor, and guinea-pig stables for each family from a local NGO to enhance their diet with a protein rich food. Both requests have been accepted and put into practice.

Since 2000, SC has expanded SECI to 63 communities in Bolivia, and several other NGOs have implemented SECI in different parts of the country. Additionally, the approach is presently being adapted by the Ministry of Health in Ghana in several pilot districts of the *Community-Based Health Planning and Services* (CHPS) program.

Annex A – Institutional Strengths Assessment – Post Assessment Follow-Up
Save the Children

3/13/2003

Note: this form can be completed electronically by clicking ☒ or typing within the shaded areas. Make sure you save the document WITH your responses (we suggest giving it another name).

1. Outlined below are action steps identified that your team planned to implement as a follow-up to the ISA. Please mark the extent to which each of these has been implemented, and describe any specific outcomes of the activity.

Action Steps Identified	**Degree to which activity has been implemented:**	**Please describe any specific outcomes of this activity or resource needed to move the status further toward completion.**
Easy and should do quickly:		
▪ Field training/clarification regarding budget line-item flexibility; and training re. on- and off-the-books activity costing for program managers.	1 ☐ 2 ☐ 3 ☐ 4 X 5 ☐ Not at all Completely	Training in grants management, which covered these issues, was conducted by SC Finance and Grants Management staff in Ethiopia for SC's Ethiopia Field Office staff in August 2002, for SC Middle-East/Eurasia staff in November 2002, for SC Asia area staff in Bangkok in February 2003, and is planned for Africa area staff in May 2003.
▪ Clarify roles and responsibilities among OH, the RHAs, and the CS Team.	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Not at all Completely	

▪ Train field staff in and implement capacity assessments at the field level.	1 ☐ 2 ☐ 3 X 4 ☐ 5 ☐ Not at all Completely	This has been done with regard to SC's three CS-18 grants in Guinea, Tajikistan, and Viet Nam.
• Explore issue of translating documents into local languages	1 ☐ 2 ☐ 3 X 4 ☐ 5 ☐ Not at all Completely	Have translated CS-18 DIP instructions in collaboration with IRC.
Hard:		
▪ Further develop BCC support capacity by adding a Behavior Change Communication Specialist.	1 ☐ 2 ☐ 3 X 4 ☐ 5 ☐ Not at all Completely	Karin Lapping has been hired by SC's Office of Health (OH) in the position of "Positive Deviance and Behavior Change Coordinator" on a part-time basis. Eric Swedberg has discussions with other OH colleagues with BCC interest and expertise on how to strengthen our BCC programming. Several staff attended SBC WG sponsored trainings this year.
▪ Further development and implementation of a Quality Assurance program.	1 ☐ 2 X 3 ☐ 4 ☐ 5 ☐ Not at all Completely	This is on the agenda of SC's agency-wide Planning, Monitoring, and Evaluation Working Group.
▪ Augment the CS team, i.e., the number of RHAs.	1 ☐ 2 ☐ 3 X 4 ☐ 5 ☐ Not at all Completely	OH is in the process of hiring an additional CS Specialist.
On-going within SC or OH, but needing more focus and/or OH attention:		

▪ Diversify donor base and increase resource mobilization for CS.	1 2 3 4 5 ☐ ☐ X ☐ ☐ Not at all Completely	OH is seeking funding from sources other than USAID/GH/HIDN to support OH MCH-related initiatives for immunization; community case management of childhood malaria, pneumonia, and diarrhea; and safe motherhood.
▪ A more systematic approach to building field capacity in management, leadership, and technical and crosscutting (M&E, research, training, etc.) skills and knowledge.	1 2 3 4 5 ☐ X ☐ ☐ ☐ Not at all Completely	OH conducted a week-long training workshop in program planning, monitoring, and evaluation in Bangkok in July 2002 for Asia-area senior SC health program managers. A similar workshop for Africa-area staff was conducted in February, 2003.
▪ The area needing most attention is financial management; timely access to cost information, including financial management and analysis training of CS staff .	☐ ☐ ☐ ☐ ☐ Not at all Completely	**SEE ABOVE**
▪ Continue focus on including communities in all aspects of project design, implementation, and evaluation, and ensure that lessons learned are systematically shared.	☐ ☐ X ☐ ☐ Not at all Completely	
▪ More country-specific managerial support to the field may be indicated, as well as more frequent management training for field staff.	☐ X ☐ ☐ ☐ Not at all Completely	The OH Manager recently visited the Sahel Field Office for this.
▪ Institutionalize periodic review of staffing needs for OH and the field against program requirements and funding levels.	☐ ☐ X ☐ ☐ Not at all Completely	OH is hiring a CS Specialist.

2. For those activities that have been implemented only modestly or not at all, please list below the major obstacles you have encountered to implementation.

Folks are pretty busy, budgets limited, some types of change take time, and influencing change on the other side of the world from Westport can be time consuming or challenging.

3. In what other ways have you utilized the ISA experience and results? (Feed into other strategic planning processes, adapt the tool/process to work with partners or other programs, etc.)

The ISA did coincide with and influence OH and CS Team strategic planning.

4. Based on your experience with ISA, would you do it again at an appropriate time / occasion? If yes, would you be willing to share the costs for the time of an ISA facilitator?

OH already devotes substantial effort to strategic planning on an on-going basis, so costs probably outweigh marginal benefits of doing another ISA.

5. Retrospectively, do you feel you had included the 'right stakeholders' in the self-assessment? What would you change in the composition of the self-assessment group?

Yes.

6. Have other needs arisen in your organization since completing the ISA that you feel CSTS might be able to assist you with? If so, please describe these below:

7. Please provide any additional comments you would consider critical for improving the ISA methodology. If possible compare your experience with the ISA to other types of organizational assessments.

Including confidential field input, and involving SC HQ staff from outside of OH, were important strengths of the ISA process.